



County of Los Angeles - Department of Mental Health  
Chief Information Office  
Data and Integration Services Division

**Legal Entity Data Extract Request Form for Enhanced File Transfer (EFT)**

Please Print All Information

**Request Type**

New ☐ Renewal ☐ Delete ☐

Please note: Your account will expire 1 year from account creation or renewal.

**Instructions**

Please complete this form in its entirety and return it to:

Department of Mental Health  
695 S. Vermont Ave., 8<sup>th</sup> floor  
Los Angeles, CA 90005  
ATTN: Systems Access Unit

**Processing can take up to seven (7) business days. Incomplete forms will not be processed. Original signatures only. Stamp signatures will not be processed.**

**Applicant Information**

Print Applicant Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Day of Birth: \_\_\_\_\_ Logon ID \_\_\_\_\_

Legal Entity Number: \_\_\_\_\_ Legal Entity Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting: ☐ Download Access ☐ Upload Access ☐ Confidential Oath Attached

**Authorization**

Chief Executive Officer

Print name: \_\_\_\_\_

By signing this form you hereby grant the above employee access to data provided by the Los Angeles County- Department of Mental Health for your organization. This data may include protected Health and/or claiming information, and is subject to protection as required by HIPAA standards and/or guidelines.

CEO Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

**Notice: Upon user termination, it is the Legal Entity's responsibility to notify CIOB via this form. The danger in not terminating the User ID is the user maintains access to your Legal Entity data and the potential to sabotage or misuse client's data exists.**

**For CIOB Use Only**

☐ Approved ☐ Rejected Remarks: \_\_\_\_\_ Ticket #: \_\_\_\_\_

Info Security

Verifier Name: \_\_\_\_\_ Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date to Network \_\_\_\_/\_\_\_\_/\_\_\_\_

Network Division

Verifier Name: \_\_\_\_\_ Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_